

DECLARATION AND POWER OF ATTORNEY  
PATENT APPLICATION

ATTORNEY'S DOCKET NO. 13430

As below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I verily believe I am the original, first and sole or joint inventor (if plural, inventors are named below) of the invention entitled:

METHOD AND APPARATUS FOR ARTERIAL ABLATION

the specifications and drawings of which

(check one)

☐ is attached hereto.

☒ was filed on July 19, 2000 as  
Application Serial No. 09/619,625  
was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understood the contents of the above identified specification and drawings, including the claims.

I acknowledge the duty to disclose information which is known to be material to the examination of this application to the Patent Office in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby state that I do not know and do not believe that the invention which is the content of the above specification, claims and drawings was ever known or used in the United States of America before my invention thereof, or the patented or described in any printed publication in any country before my invention thereof or more than one (1) year prior to this application, that the same was not in public use or on sale in the United States of America more than one (1) year prior to this application, that the invention has not been patented or made the subject of the inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve (12) months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States of America prior to this application by me or my legal representative or assigns.

☐ no such applications have been filed, or

☐ such applications have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION				
COUNTRY CLAIMED	APPLICATION NO.	DATE OF FILING (DAY, MO., YR.)	DATE OF ISSUE (DAY, MO., YR.)	PRIORITY UNDER 35 USC 119
United Kingdom	9917026.8	20/07/99		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION				

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from Brookes & Martin as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person's from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

RALPH A. DOWELL, REG.NO. 26,868 A. YATES DOWELL, III, REG.NO. 28,070

DIRECT TELEPHONE CALLS AND SEND CORRESPONDENCE TO:

DOWELL & DOWELL, P. C.

PTO CUSTOMER NO. 000293



1215 Jefferson Davis Highway, Suite 309

Arlington, Virginia 22202

(703) 415-2555

201	FULL NAME OF INVENTOR	FAMILY NAME Singh	FIRST GIVEN NAME Ajay	SECOND GIVEN NAME Inder
	RESIDENCE & CITIZENSHIP	CITY Mumbai	STATE OR FOREIGN COUNTRY India	COUNTRY OF CITIZENSHIP India
	POST OFFICE ADDRESS	POST OFFICE ADDRESS #6, 2 <sup>nd</sup> Floor, Shiv-Smurti, 32-33 Union Park, Pali Hill	CITY Mumbai	STATE & ZIP CODE/COUNTRY India 400 052
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 ✓ 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE ✓ 	DATE	DATE